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APPLICANTS

Herbert Bruder, Hoechststadt, GERMANY;

Gunter Lauritsch, Erlangen, GERMANY;

Karl Stierstorfer, Erlangen, GERMANY; Kwok Tam, Edison, NJ;

** CONTINUING DATA *****

none

** FOREIGN APPLICATIONS *****

✓ GERMANY 10248766.9 10/18/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 4	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Santhi Bruce</i> Examiner's Signature	Initials		

ADDRESS

30596

HARNESS, DICKEY & PIERCE, P.L.C.

P.O.BOX 8910

RESTON, VA

20195

TITLE

Imaging method for a multi-slice spiral CT scan, and a computer tomography unit for carrying out this method

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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